

Personal Reference Form

PEER SPECIALIST APPLICATION FOR CERTIFICATION

The individual named below is completing an application to be trained as a Kentucky Certified Peer Support Specialist. You have been chosen by the applicant to provide a reference for the purpose of verifying the individual's demonstrated recovery for at least the past two years. Please complete the reference form below. Place the completed form in an envelope and seal it. Please mail it to the address listed below. This reference may not be completed by a family member or close friend.

**Peer Specialist Training Coordinator
Division of Behavioral Health
Department for Behavioral Health, Developmental and Intellectual Disabilities
100 Fair Oaks Lane, 4E-D
Frankfort, Kentucky 40621**

Name of the Applicant:

1. Please describe the nature of your relationship with the applicant.

2. Describe your experience with the individual that indicates his/her demonstrated recovery for the last two years.

3. Please indicate strengths or assets this individual may offer as a Peer Support Specialist.

4. If you were in the role of hiring Peer Support Specialists/placing in a volunteer situation, would you consider this person to be a viable candidate, given what you know about their recovery?

Signature: _____

Date: _____

Contact Information:

Name: _____

Phone: _____

Email: _____

Thank you for your honest assessment of this individual as a Peer Support Specialist Candidate.